

- b. If the MCO elects to not provide, reimburse for, or provide coverage of a counseling or referral service because of an objection on moral or religious grounds, it must furnish this information to MLTC with its proposal to this RFP or whenever it adopts the policy during the term of the contract. The information provided must be consistent with the requirements of 42 CFR 438.10. The MCO's members and potential members must be informed of this policy before and during enrollment and within 90 calendar days after adopting the policy with respect to any particular service.
- c. If the MCO elects to not provide, reimburse for, or provide coverage of a counseling or referral service, the MCO must inform the member where and how to access the covered service.

D. STAFFING REQUIREMENTS

1. General Requirements

- a. The MCO must have in place organizational, operational, managerial, and administrative systems capable of fulfilling all contract requirements. The MCO must be staffed by qualified persons in numbers appropriate to the MCO's enrollment.
- b. For the purposes of this contract, the MCO must not employ or contract with any individual who has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity or from participating in non-procurement activities under regulations issued under Executive Order 12549 or under guidelines implementing Executive Order 12549 [42 CFR 438.610(a) and (b), 42 CFR 1001.1901(b), and 42 CFR 1003.102(a)(2)]. The MCO must screen all employees and subcontractors to determine whether any of them have been excluded from participation in federal health care programs. The Federal DHHS Office of Inspector General website, which can be searched by the name of any individual, can be accessed at: <https://oig.hhs.gov/exclusions/index.asp>.
- c. The MCO must employ sufficient staff and utilize appropriate resources to achieve contractual compliance. The MCO's resource allocation must be adequate to achieve required outcomes in all functional areas within the organization. Adequacy will be evaluated based on outcomes and compliance with contractual and MLTC policy requirements, including the requirement for providing culturally competent services. If the MCO does not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action may be employed by MLTC, including but not limited to, requiring the MCO to hire additional staff and application of monetary penalties as specified in this RFP.
- d. The MCO must perform criminal background checks on all employees of the MCO and subcontractor staff assigned to, or proposed to be assigned to, any aspect of this contract and who have access to electronic protected health information on Medicaid applicants and recipients. The MCO must, upon request, provide MLTC with a satisfactory criminal background check or an attestation that a satisfactory criminal background check has been completed for these MCO staff or subcontractor staff.
- e. The MCO will be responsible for any additional costs associated with on-site audits or other oversight activities that result when required systems are located outside of the State.
- f. The MCO must remove or reassign, upon written request from MLTC, any MCO employee or subcontractor's employee that MLTC deems at its sole discretion to be unacceptable. The MCO must hold MLTC harmless for actions taken as a result hereto.

2. Key Staff Positions

- a. The MCO must comply with minimum key staffing requirements in Table 1 listed below.
 - i. For each key staff position marked with an asterisk in the table, the staff member must be based in the State.
 - ii. All positions listed in the table must be full-time, i.e. a minimum of 40 hours per week, with the exception of the Business Continuity Planning and Emergency Coordinator, which shall be an additional duty assignment.

- b. An individual staff member may not occupy more than two (2) key staff positions listed below unless prior approval is obtained from MLTC. Exceptions include the Chief Executive Officer (CEO) and Medical Director (MD), who may only hold one (1) position.
- c. A minimum of 45 calendar days prior to the contract start date, the MCO must submit to MLTC for review and approval a Human Resources and Staffing Plan. This plan must describe how the MCO will obtain and maintain the staffing level needed to accomplish the duties outlined in this RFP. The MCO is required to recruit, hire, train, supervise, and, if necessary, terminate, such professional and support personnel as are necessary to carry out the terms of this contract. All staff must have experience and expertise in working with the populations served by the Medicaid program.
- d. The MCO must provide to MLTC, in writing, a list of all officers and members of the MCO's Board of Directors. This information must be provided to MLTC prior to the contract's start date. The MCO must notify MLTC, in writing, within ten (10) business days of any change to its officers or Board members.
- e. The MCO must submit to MLTC the names, resumes, and contact information for all key staff listed below a minimum of 30 calendar days prior to the contract's start date.
- f. In the event of a change of any key staff at any point during the contract's duration, the MCO must notify MLTC in writing within two business days of the change. The name of the interim contact person shall be included with this notification.
- g. The MCO must replace any key staff member with a person of equivalent experience, knowledge, and talent. The name and resume of the new employee must be submitted to MLTC as soon as the new hire is made, along with a revised organizational chart complete with key staff time allocation to the MLTC contract.
- h. Replacement of the CEO or MD requires prior written approval from MLTC. This approval will not be unreasonably withheld, provided a suitable candidate is proposed.
- i. In addition to the key staff requirements, the MCO must have full-time clinical and support staff to conduct daily business in an efficient and effective manner. This includes, but is not limited to, administration; accounting and finance; fraud and abuse; utilization management; quality management and improvement; and, member services, education, and outreach, grievances and appeals, provider services, claims processing, and reporting.

Table 1. Key Staff

Title	Minimum Duties
Chief Executive Officer (CEO)*	<p>The CEO must work full-time on this contract, a minimum of 40 hours per week. The CEO is responsible for:</p> <ol style="list-style-type: none"> 1. Providing overall direction and prioritization for the MCO. 2. Developing and carrying out leadership strategies. 3. Ensuring that policies and contractual requirements are followed. 4. Providing operational oversight to ensure that goals are met. 5. Developing and implementing integration models that ensure coordination with system partners.

Title	Minimum Duties
Medical Director/Chief Medical Officer*	<p>The Medical Director must be a currently practicing physician, with an unrestricted license in the State to practice medicine. The Medical Director must have a minimum of three (3) years of training in a medical specialty and five (5) years of experience providing clinical services. The Medical Director must devote a minimum of 40 hours per week to the MCO's operations to ensure timely medical decisions, including after-hours consultation as needed. The Medical Director must be board certified in his/her specialty, and be actively involved in all major clinical, utilization management and quality management decisions of the MCO. When the Medical Director is unavailable, the MCO must have a physician staff person or subcontractor to provide competent medical direction at any time. The Medical Director is responsible for:</p> <ol style="list-style-type: none"> 1. Developing, implementing, and interpreting medical policies and procedures. Duties may include, but are not limited to: service authorizations, claims review, discharge planning, credentialing, referral management, and medical review of grievances and appeals. 2. Adminstrating the medical management activities of the MCO. 3. Participating via telephone or in person (at MLTC's discretion) at every Quality meeting with MLTC and other system partners, and as requested by MLTC. 4. Leading the Utilization Management, Quality Assessment and Performance Improvement, Credentialing, and Provider Advisory committees.
Behavioral Health Clinical Director	<p>The Behavioral Health Clinical Director must be a currently practicing psychiatrist or psychologist with an unrestricted license in the State. The Behavioral Health Clinical Director must have a minimum of five years of combined clinical experience in mental health and substance use disorder services and be knowledgeable about primary care/behavioral health integration. This individual must oversee and be responsible for all behavioral health activities within the MCO and take an active role in the MCO's medical management team, and in clinical and policy decisions. The Behavioral Health Clinical Director is responsible for:</p> <ol style="list-style-type: none"> 1. Providing clinical case management consultations and clinical guidance for contracted PCPs treating behavioral health-related concerns not requiring referral to behavioral health specialists. 2. Developing comprehensive care management programs for youth and adults with behavioral health concerns, typically treated by PCPs, such as ADHD and depression; 3. Developing targeted education and training for the MCO's PCPs that commonly encounter behavioral health issues.
Behavioral Health Manager*	<p>The Behavioral Health Manager must be a Nebraska licensed behavioral health professional, such as a psychologist, psychiatrist, social worker, psychiatric nurse, marriage and family therapist, or mental health counselor. The responsibilities of the Behavioral Health Manager include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Ensuring that the MCO's behavioral health operations, providers, and any subcontractors are in compliance with the terms of this contract. 2. Coordinating all areas of the MCO, including quality management, utilization management, network development and management, provider services, member outreach and education, member services, contract compliance, and reporting.
Chief Operating Officer (COO)*	<p>The COO is responsible for:</p> <ol style="list-style-type: none"> 1. Managing the day-to-day operations of the MCO's departments, staff, and functions to ensure that performance measures and MLTC and Federal requirements are met. 2. May serve as the primary contact with MLTC for all MCO operational issues.
Chief Financial Officer (CFO)*	<p>The CFO is responsible for overseeing all financial-related supervision of activities implemented by the MCO, including all audit activities, accounting systems, financial reporting, and budgeting.</p>

Title	Minimum Duties
Program Integrity Officer*	<p>The Program Integrity Officer must have experience in health care and/or risk management and report directly to the CEO.</p> <p>The Program Integrity Officer is responsible for:</p> <ol style="list-style-type: none"> 1. Overseeing all activities required by State and Federal rules and regulations related to the monitoring and enforcement of the fraud, waste, abuse, (FWA) and erroneous payment compliance program. 2. Developing/overseeing methods to prevent and detect potential FWA and erroneous payments. 3. Developing policies and procedures, investigating unusual incidents, and designing/implementing any corrective action plans. 4. Reviewing records and referring suspected member FWA to MLTC and other duly authorized enforcement agencies. 5. Managing the MCO's Special Investigations Unit to communicate with the State's Medicaid Fraud Control Unit.
Grievance System Manager*	<p>The Grievance System Manager is responsible for:</p> <ol style="list-style-type: none"> 1. Managing/adjudicating member grievances, appeals, and requests for fair hearing. 2. Managing/adjudicating provider grievances and appeals.
Business Continuity Planning and Emergency Coordinator	<p>The Business Continuity Planning and Emergency Coordinator is responsible for:</p> <ol style="list-style-type: none"> 1. Ensuring continuity of benefits and services for members who may experience evacuation to other areas of the State, or out-of-state, during disasters. 2. Managing and overseeing the MCO's emergency management plan.
Contract Compliance Coordinator*	<p>The Contract Compliance Coordinator will be the primary contact with MLTC on all MCO contract compliance issues. This individual is responsible for:</p> <ol style="list-style-type: none"> 1. Coordinating the preparation and execution of contract requirements. 2. Coordinating the tracking and submission of all contract deliverables. 3. Answering inquiries from MLTC. 4. Coordinating/performing random and periodic audits and ad hoc visits.
Quality Management (QM) Coordinator*	<p>The QM Coordinator must be a State-licensed registered nurse, physician, or physician's assistant; a Certified Professional in Health Care Quality (CPHQ), certified by the National Association for Health Care Quality, or certified in Health Care Quality and Management (CHCQM) by the American Board of Quality Assurance and Utilization Review Providers. This position must be committed to this contract on a full-time basis (a minimum of 40 hours per week). The QM Coordinator must have quality management and improvement experience as described in 42 CFR 438.200 - 438.242. This individual is responsible for:</p> <ol style="list-style-type: none"> 1. Ensuring systemic and individual quality of care. 2. Identifying and implementing process improvements. 3. Integrating quality throughout the organization. 4. Ensuring a network of credentialed providers. 5. Resolving, tracking, and trending quality of care grievances. 6. Serving as a member of the Quality Assurance Performance Improvement Committee and member/ad hoc member of other quality related committees.
Performance and Quality Improvement Coordinator*	<p>The Performance and Quality Improvement Coordinator must, at minimum, be a CPHQ or CHCQM or have comparable experience and education in data and outcomes measurement as described in 42 CFR 438.200 - 438.242. The Performance and Quality Improvement Coordinator serves as MLTC's contact person for quality performance measures. Primary responsibilities include:</p> <ol style="list-style-type: none"> 1. Focusing organizational efforts on the improvement of clinical quality performance measures. 2. Utilizing data to develop intervention strategies to improve outcomes. 3. Developing and implementing performance improvement projects, both internal and across MCOs. 4. Reporting quality improvement and performance outcomes to MLTC.

Title	Minimum Duties
Maternal Child Health (MCH)/Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordinator*	<p>The MCH/EPSDT Coordinator must be a current, Nebraska-licensed registered nurse, physician, or physician's assistant; have a Master's degree in health services, public health, or health care administration, or other related field; or be a CPHQ or CHCQM. Staffing under this position must be sufficient to meet quality and performance measure goals. The coordinator is responsible for:</p> <ol style="list-style-type: none"> 1. Designing programs to ensure that all member children receive necessary EPSDT services. 2. Promoting family planning services. 3. Promoting preventive health strategies. 4. Designing programs to ensure that all pregnant members receive maternal and postpartum care. 5. Identifying and coordinating assistance for identified member needs, specific to maternal/child health and EPSDT. 6. Interfacing with community partners.
Medical Management Coordinator*	<p>The Medical Management Coordinator must be a State-licensed registered nurse, physician, or physician's assistant if he/she is required to make medical necessity determinations. If the position is not required to make medical necessity determinations, this individual may have a Master's degree in health services, health care administration, or business administration. The Medical Management Coordinator's responsibilities include:</p> <ol style="list-style-type: none"> 1. Developing, implementing, and monitoring the provision of care coordination, disease management, and case management functions. 2. Ensuring the adoption and consistent application of appropriate inpatient and outpatient medical necessity criteria. 3. Ensuring the completion of appropriate concurrent review and discharge planning of inpatient stays. 4. Monitoring, analyzing, and implementing appropriate interventions based on utilization data, including the identification and correction of over- or under-utilization of services. 5. Monitoring prior authorization functions and ensuring that decisions are made in a consistent manner, based on clinical criteria, and that all decisions meet timeliness standards.
Provider Services Manager*	<p>The Provider Services Manager is responsible for:</p> <ol style="list-style-type: none"> 1. Coordinating communications between the MCO and its subcontracted providers. 2. Managing the Provider Services staff. 3. Working collaboratively with the Provider Advisory Committee to establish methodologies for processing and responding to provider concerns. 4. Developing provider trainings in response to identified needs or changes in protocols, processes, and forms. 5. Enhancing MCO-provider communication strategies. 6. Notifying MLTC of correspondence sent to providers for informational and training purposes. 7. Participating in the MLTC Administrative Simplification Committee.
Member Services Manager*	<p>The Member Services Manager is responsible for:</p> <ol style="list-style-type: none"> 1. Coordinating communications between the MCO and its members. 2. Ensuring there are sufficient member services representatives, including sufficient culturally and linguistically appropriate services, to enable members to receive prompt resolution of their problems or questions and appropriate education about participation in the Medicaid managed care program. 3. Managing the Member Services staff.

Title	Minimum Duties
Claims Administrator	<p>The Claims Administrator is responsible for:</p> <ol style="list-style-type: none"> 1. Developing, implementing, and administering a comprehensive Nebraska Medicaid Managed Care claims processing system capable of paying claims in accordance with State and Federal requirements and the terms of this contract. 2. Developing cost avoidance processes. 3. Meeting claims processing timelines. 4. Ensuring minimization of claims recoupments. 5. Meeting MLTC encounter reporting requirements.
Provider Claims Educator	<p>This position must be knowledgeable concerning the MCO's Nebraska Medicaid Managed Care grievance, claims processing, and provider services systems and facilitate the exchange of information between these systems and providers. This individual must have a minimum of five (5) years management and supervisory experience in a health care field.</p> <p>The Provider Claims Educator is responsible for:</p> <ol style="list-style-type: none"> 1. Educating in-network and out-of-network providers on claims submission requirements, coding updates, electronic claims transactions and electronic fund transfers, and available MCO resources, such as provider manuals, websites, provider training materials, and fee schedules. 2. Communicating frequently with providers to ensure the effective exchange of information and to obtain feedback regarding the extent to which providers are informed about appropriate claims submission practices. 3. Identifying trends and guiding the development and implementation of strategies to improve provider satisfaction. 4. Working with the MCO's call center to compile, analyze, and disseminate information from provider calls that indicate a need for education or process improvements.
Case Management Administrator*	<p>The Case Management Administrator should have experience as a case manager with a minimum of five (5) years management or supervisory experience in a health care field. The position is responsible for:</p> <ol style="list-style-type: none"> 1. Overseeing the MCO's case management functions. 2. Working with other MCO staff to ensure that members' case management needs are met. 3. Working with the Medical Director and other medical management staff to ensure that the MCO has case management policies/protocols that comply with Federal and State requirements.
Information Management and Systems Director	<p>The Information Management and Systems Director must have relevant training and a minimum of seven (7) years of experience in information systems, data processing, and data reporting to oversee all MCO information systems functions. The position is responsible for:</p> <ol style="list-style-type: none"> 1. Establishing and maintaining connectivity with MLTC information systems. 2. Providing necessary and timely data and reports to MLTC.
Encounter Data Quality Coordinator	<p>The Encounter Data Quality Coordinator is responsible for:</p> <ol style="list-style-type: none"> 1. Organizing and coordinating services and communication between MCO administration and MLTC for the purpose of identifying, monitoring, and resolving encounter data validation and management issues. 2. Serving as the MCO's encounter expert to answer questions, provide recommendations, and participate in problem-solving and decision-making related to encounter data processing and submissions. 3. Analyzing activities related to the processing of encounter data and data validation studies to enhance accuracy and output.
Tribal Network Liaison*	<p>The Tribal Network Liaison is responsible for:</p> <ol style="list-style-type: none"> 1. Planning and working with Provider Services staff to expand and enhance physical and behavioral health services for American Indian members. 2. Serving as the single point of contact with tribal entities and all MCO staff on American Indian issues and concerns.

Title	Minimum Duties
	3. Advocating for American Indian members with case management and member services staff.
Pharmacist/Pharmacy Director*	<p>The MCO Pharmacist/Pharmacy Director must be a registered pharmacist with a current State license. The incumbent must have a minimum of three (3) years of experience supporting formularies, designing prior authorization requirements, and working with clinical information. The Pharmacist/Pharmacy Director is responsible for:</p> <ol style="list-style-type: none"> 1. Overseeing the prescription drug and pharmacy benefits. 2. Leading and coordinating formulary and preferred drug list implementation, evaluation, training, reporting, and problem solving. 3. Consulting on and coordinating pharmacy program changes. 4. Understanding clinical pharmacy and drug product information to support plan benefit design in the point of sale system. 5. Overseeing, monitoring, and assisting with the management of pharmacy benefit manager (PBM) activities. 6. Managing the prospective and retrospective drug utilization review (DUR) activities. 7. Supporting call center prior authorization programs and their development/modification. 8. Attending MLTC Pharmacy and Therapeutics Committee and DUR Board meetings. 9. Meeting with MLTC staff and the MCO's PBM, no less than monthly, to discuss operational status updates, including the call center, POS system, grievances, and prior authorizations; and review performance standards and restricted services grievances and appeals.

3. Additional Required Staff

- a. Prior authorization staff must include a State-licensed registered nurse or physician's assistant. Staff must work under the direction of the Medical Director or the Medical Management Coordinator (if this person is a State-licensed registered nurse or physician's assistant) to authorize health care services (in compliance with contract requirements), at any time.
- b. Concurrent review staff must include a State-licensed registered nurse or physician's assistant. Staff must work under the direction of the Medical Director or the Medical Management Coordinator (if this person is a State-licensed registered nurse or physician's assistant) to conduct inpatient concurrent reviews.
- c. Clerical and support staff to ensure the proper functioning of the MCO's operation.
- d. Provider services staff to enable providers to receive prompt resolution of their problems and inquiries and appropriate education about participation in the MCO program. There must be sufficient staff to maintain/enhance the MCO's provider network to meet MLTC's network standards and work with grievances and appeals staff to resolve provider grievances and disputes on a timely basis. The MCO must designate a local individual to serve as a liaison for behavioral health providers.
- e. Member services staff to enable members to receive prompt responses and assistance. There must be sufficient member services staff at all times to provide culturally and linguistically appropriate services.
- f. Claims processing staff to ensure the timely and accurate processing/adjudication of original claims and resubmissions. The MCO must have a staff of qualified, medically trained and appropriately licensed personnel, consistent with NCQA accreditation standards, whose primary duties are to assist in evaluating claims for medical necessity.
- g. Encounter processing staff to ensure the timely and accurate processing and submission to MLTC of encounter data and reports.
- h. Care management staff to assess, plan, facilitate, and advocate options and services to meet members' health and social needs. The staff must use communication and available resources to

promote quality, cost-effective outcomes. The MCO is required to provide and maintain appropriate levels of care management staff in the State to ensure adequate local geographical coverage for face-to-face contact with physicians and members as appropriate, and may include additional out-of-state staff providing telephone consultation and support.

- i. FWA investigative staff to detect and investigate FWA activities. The staff is responsible for preparing and updating the fraud and abuse compliance plan, conducting MCO employee training and monitoring, investigating a sample of paid claim discrepancies, and responding to provider investigation-related inquiries/issues. Each FWA investigator must have a Bachelor's degree; an Associate's degree plus a minimum of two (2) years' experience as a licensed health care provider or auditor; a minimum of four years' experience as a certified coder or billing specialist; or, a minimum of five (5) years law enforcement, health care oversight, compliance, or auditing experience. The MCO must have a minimum of one investigator for every ~~400,000~~ 50,000 members or less.
- j. All additional required staff in this section must be located in the State with the exception of claims and encounter processing staff, ~~customer service representatives staffing the toll-free call center~~, and certain care management staff.

4. Care Management and Utilization Management Staff Requirements

- a. As part of its care management operations, the MCO must employ a multidisciplinary clinical staff, care coordinators, and care managers to arrange, assure delivery of, monitor, and evaluate basic and comprehensive care, treatment, and services to members. The MCO must ensure an adequate ratio of staff to members to perform all care management functions as described in Section IV.L Care Management of the RFP. Sufficient staff must be available to respond at any time to members, their families/caregivers, or other interested parties calling on behalf of a member.
- b. The MCO must ensure that only licensed clinical staff operating within the scope of their training and professional licenses make decisions regarding medical necessity.

5. Written Policies, Procedures, and Position Descriptions

- a. The MCO must develop and maintain written policies, procedures, and position descriptions for each functional area, consistent in format and style. The MCO must have written guidelines for developing, reviewing and approving all policies, procedures, and job descriptions. All policies and procedures must be reviewed at a minimum on an annual basis to ensure that they reflect current practices. Once the policies are reviewed, they must be dated and signed by the MCO's appropriate manager, coordinator, director, or administrator. Minutes reflecting the review and approval of the policies by the appropriate committee are also acceptable documentation. All medical and quality management policies must be approved and signed by the MCO's Medical Director. Job descriptions must be reviewed a minimum of annually to ensure that they reflect current duties.
- b. Based on provider or member feedback, if MLTC determines that a MCO policy or process is inefficient or places an unnecessary burden on the members or providers, the MCO will be required to work with MLTC to change the policy or procedure within a time period specified by MLTC.

6. Staff Training and Meeting Attendance

- a. The MCO must ensure that all staff members, including subcontractors, have training, education, experience, and orientation to complete their job responsibilities. MLTC may require additional staffing for a MCO that has substantially failed to maintain compliance with any provision of the contract and/or MLTC policies.
- b. The MCO must provide initial and ongoing staff training that includes an overview of MLTC and its policies, the contract, and State and Federal requirements specific to individual job functions. The MCO must ensure that all staff members who have contact with members or providers receive initial and ongoing training with regard to program changes, prior authorization modifications, and the appropriate identification and handling of quality of care/service concerns.

- c. The MCO must educate staff concerning their policies and procedures on advance directives in accordance with 42 CFR 422.128.
- d. A growing body of evidence points to a correlation between social factors and increased occurrences of specific health conditions and a general decline in health outcomes. All MCO staff must be trained on how social determinants affect members' health and wellness. This training must include, but not be limited to, issues related to housing, education, food, physical and sexual abuse, violence, and risk and protective factors for behavioral health concerns. Staff must also be trained on finding community resources and making referrals to these agencies and other programs that might be helpful to members.
- e. The MCO must provide training for staff on the needs of the Long-Term Services and Supports (LTSS) population, including individuals with developmental disabilities and mental health concerns.
- f. New and existing prior authorization, provider services, and member services staff must be trained in the geography of the State, as well as the culture and correct pronunciation of cities, towns, and surnames. Appropriate staff must have access to GPS or mapping search engines for the purposes of authorizing services, recommending providers, and transporting members to the most geographically appropriate location.
- g. The MCO must provide the appropriate staff representation in meetings or events scheduled by MLTC. All meetings are considered mandatory unless otherwise notified by MLTC.
- h. MLTC reserves the right to attend any and all training programs and seminars conducted by the MCO. The MCO must provide MLTC a list of any training dates, times, and locations a minimum of 14 calendar days prior to their occurrence.

E. COVERED SERVICES AND BENEFITS

1. General Provisions

- a. The MCO must have available, for members, immediately upon their effective date, at a minimum, those benefits and services specified in the RFP, and as defined in the Nebraska Medicaid State Plan, administrative rules, and MLTC policy and procedures. The MCO must possess the expertise and resources to ensure the delivery of quality health care services to its members in accordance with Nebraska Medicaid program standards and the prevailing local and national medical standards.
- b. The MCO must provide a mechanism to reduce inappropriate and duplicative use of health care services, including but not limited to, non-emergent use of hospital emergency rooms.
- c. The MCO must ensure the coordination of services it provides with services the member receives from other entities. The MCO must ensure that in the process of coordinating care that each member's privacy is protected in accordance with Federal and State requirements.
- d. Services must be rendered by providers that are appropriately licensed or certified, operating within their scopes of practice, and enrolled as a MLTC provider. The MCO must provide the same standard of care for all members, regardless of any member's eligibility category.
- e. The MCO must comply with any future legislative and regulatory changes regarding covered services and benefits unless those changes specifically exempt managed care.

2. Amount, Duration and Scope

- a. The services offered under the MCO contract must be sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished and must be no less than those furnished under FFS Medicaid, as specified in 42 CFR 438.210(a). Upward variances of amount, duration, and scope of these services are allowed.
- b. All services covered under this contract must be accessible to MCO members with comparable timeliness, and in a similar amount, duration, and scope as those available to other insured individuals in the same service area.